

# NOTICE OF APPEAL

STATE OF MAINE  
**CIVIL SERVICE APPEALS BOARD**  
79 STATE HOUSE STATION AUGUSTA, MAINE  
04333-0079

## APPELLANT INFORMATION

### APPELLANT

Name: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### APPELLANT REPRESENTATIVE (IF ANY)

Name: \_\_\_\_\_  
Street/P.O. Box: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

*\*The Board will communicate with parties through email unless otherwise requested. It is the obligation of the parties and representatives to immediately inform the Board of any change to their contact information.*

*\*\*Please note that inclusion of attorney contact information on this Notice of Appeal does not constitute a formal entry of appearance required by the Rules of Practice and Procedure of the State Civil Service Appeals Board, 94-388 C.M.R. Chapter 1, § 6(C).*

## NATURE OF APPEAL

Please select one:

☐ Employment Grievance or Dispute (5 M.R.S. § 7082(4))      ☐ Reclassification (5 M.R.S. § 7082(5))

*\*Proceed to the corresponding section below. Please leave the other blank.*

### EMPLOYMENT GRIEVANCE OR DISPUTE

Appellee (Name of State Agency): \_\_\_\_\_

Appellee address: \_\_\_\_\_

Date Appellant received notice of grievance or dispute: \_\_\_\_\_

Describe the grievance or dispute (submit as an attachment if more space is needed):

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### Step 1 (pursuant to 5 M.R.S. § 7083(1))

Date on which Appellant or Appellant's representative attempted to adjust the dispute through oral communication with Appellant's immediate supervisor: \_\_\_\_\_

Date Appellant's immediate supervisor rendered an oral decision (if any): \_\_\_\_\_

Step 2 (pursuant to 5 M.R.S. § 7083(2))

Date on which Appellant or Appellant's representative presented the grievance or dispute to Appellant's immediate supervisor, **in writing**: \_\_\_\_\_

Date Appellant's immediate supervisor rendered a written decision (if any): \_\_\_\_\_

*\*Please include the written grievance and the decisions as attachments to this Notice of Appeal*

Step 3 (pursuant to 5 M.R.S. § 7083(3))

Date on which Appellant or Appellant's representative presented the grievance or dispute to Appellant's department head, **in writing**: \_\_\_\_\_

Date on which Appellant or Appellant's representative met with Appellant's department head to discuss the grievance or dispute (if any): \_\_\_\_\_

Date Appellant's department head rendered a written decision (if any): \_\_\_\_\_

*\*Please include the written grievance and the decisions as attachments to this Notice of Appeal*

Step 4 (pursuant to 5 M.R.S. § 7083(4))

Date on which Appellant or Appellant's representative presented the grievance or dispute to the State Human Resources Officer, **in writing**: \_\_\_\_\_

Date State Human Resources Officer rendered a written decision (if any): \_\_\_\_\_

*\*Please include the written grievance and the decisions as attachments to this Notice of Appeal*

RECLASSIFICATION

State Agency: \_\_\_\_\_

Position(s) current title and classification: \_\_\_\_\_

Title and classification sought: \_\_\_\_\_

Date of State Human Resources Officer written decision: \_\_\_\_\_

Describe the challenged reclassification process (submit as an attachment if more space is needed):

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*\*Please include as attachments any relevant job descriptions, Functional Job Analyses, and written decisions from the Bureau of Human Resources.*

Signature of Appellant: \_\_\_\_\_

Date: \_\_\_\_\_

## **FILING INSTRUCTIONS**

Send the completed form, including all attachments, to the Clerk of the Board by mail or email:

Civil Service Appeals Board

ATTN: Clerk of the Board

79 State House Station

Augusta, ME 04333-0079

[csab.bhr@maine.gov](mailto:csab.bhr@maine.gov)

*\*After reviewing this form and any attachments for completeness, the Clerk of the Board will forward it to the Chair of the Board for processing and scheduling.*